

BETHEL TAX COLLECTOR

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801 Telephone: 203 -794-8509 Fax: 203 -794-8135

Ann M Scacco, CCMC Tax Collector Paula M. Usher, CCMC Assistant Tax Collector Patricia Delaney, CCMC Tax Clerk Nancy E. Fazekas, Tax Clerk

Dear Taxpayer (s):

In order to issue a refund check for the overpayment of taxes, we require the information listed below:

- 1. An Application for Refund request with your signature (enclosed per Connecticut State Statue)
- 2. Copies of your validated receipt(s) for cash payments or a copy of the front and back of your canceled check(s).
- 3. If paid by a second party such as an attorney, bank, or mortgage company, a letter on their official letterhead verifying that you are to receive the refund. (Please note that it is common for one installment of a real estate tax bill to be paid twice, especially if ownership of the property has changed or the mortgage has been refinanced.) We require this letter to avoid duplicate refund requests and real estate tax refunds are not issued until the full tax for the year has been paid creating an overpayment.

Please complete and return the enclosed request if you are to receive the refund. A refund check will be mailed after the Board of Finance has approved receipt of all required documentation.

Please be advised that no refund will be processed unless all appropriate steps outlined above have been completed.

Sincerely,

Ann M Scacco, CCMC Tax Collector Paula M Usher, CCMC Assistant Tax Collector Patricia Delaney, CCMC Tax Clerk Nancy E. Fazekas, Tax Clerk



BETHEL TAX COLLECTOR

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801 Telephone: 203 -794-8509 Fax: 203 -794-8135 Ann M Scacco, CCMC Tax Collector

Ann M Scacco, CCMC Tax Collector Paula M Usher, CCMC Assistant Tax Collector Patricia Delaney, CCMC Tax Clerk Nancy E. Fazekas, Tax Clerk

APPLICATION FOR REFUND

Date:				
Return to:	Bethel Tax Collector PO Box 274 Bethel, CT 06801			
Names(s) / N	Mailing Address			
Pay to:	Last Name		First Name	
	Address			
	City	State	Zip Code	
	Attn:			
I hereby apply for a refund of the amount of \$			taxes on the list of	in
	d to this refund because will be requesting this r		nyments from funds under my contr	ol and no
		•	ements subject me to penalties for p ut General Statue 12-129: Refund o	• •
Signature of	f applicant / agent		Tax Collector's Signature	
Date signed				